



Bolton Hospice

PROVIDER VISIT REPORT

Report of unannounced visit, submitted by the Provider Visitor in compliance with Regulation 26 (Chapter 3) of the Private and Voluntary Healthcare (England) Regulations 2001.

Name of Hospice: Bolton Hospice	Telephone No: 01204 663066
Address of Hospice: Queens Park Street, Off Chorley New Road, Bolton BL1 4QT	
Category of Registration: Independent Hospice	
Name and Job Title of Visiting Provider: Trustees Mike Worsley and Dr. Helen Wall	
Date Of This Visit: 2 nd October 2023 Date Of Last Visit: 31 st January 2023	

GENERAL INFORMATION UPDATE: Since Last Provider Visit

<i>Has there been any change to:</i>	
Premises since the last inspection?	No
Trustees or Managers?	Advance Nurse Clinical Practitioner Acting Deputy Clinical Nurse Director (working 5 days a week Monday – Friday) from 8 th September – 13 th October 23
Staff Numbers as of 2 nd October 2023:	staff in total – 100.41 36.29 WTE for clinical staff 64.12 WTE for non-clinical staff.
Statement of Purpose?	 Bolton Hospice Statement of purpo: Yes –
No. of deaths: 171 (31 st January 2023 – 2 nd October 2023)	IPU - 104 H@H - 67
Integrated Care Partnership (ICP) Quarterly reports/Notifiable Issues:	 QUALITY AND PERFORMANCE STA

COMPLAINTS:

Overview of the management of complaints in the Hospice based on interviews with staff responsible for responding to complaints and examination of the record.

Any issues that do arise we pro-actively address in conversation, if we receive informal or formal complaints we incident report this, make contact with complainant to establish further detail and the outcome they would like and investigate as the incident dictates and then provide full documented feedback regarding outcome and actions taken/lessons learned. complaints.

Summary of complaints received since last Provider Visit:

Complaints: Formal	4 formal (1 relating to direct care & 1 non-direct care and 2 non-clinical) – none required escalation.	Complaints: Informal	2 (1 relating to an external service raised by a member of hospice staff & 1 relating to timing of visit and request for information on support available) None required escalation
Complaints Pending an Outcome	All complaints investigated and concluded.		

QUALITY IMPROVEMENT Interview with clinical lead(s)

How is quality improvement managed within the Hospice?

Audit Group meets bi-monthly. There is a Quality Monitoring Calendar in place - spot checks are undertaken regarding infection prevention and control and waste management frequently.

Information Governance
 Informatics Strategy.
 GDPR Compliance and Governance Working Group
 Governance and Quality Lead.
 Education and Training.
 Annual Appraisals.
 Quality and Governance Committee meets quarterly.
 Infection Prevention and Control (IPC) and Nutrition meetings quarterly.
 Feedback from service users and those important to them.
 ‘Have your Say’ comments cards.
 Monitoring of Harm Free Care data.
 ICP Quality & Performance report and Safeguarding Reports Quarterly.
 E-Learning Blue Stream Mandatory Training system and face to face mandatory training.
 PLACE Inspection.
 NHS England Controlled Drug reporting, bi-annual controlled drugs audit and annual control drug report
 Trustee Provider Visits twice yearly
 Workforce and People Strategy
 Virtual meetings with CQC Relationship Officer, Direct Monitoring updates via email and ongoing remote monitoring by CQC with feedback – no action taken by CQC during this time frame.

Is there a programme of clinical audit and what topics have been covered?


Multidisciplinary Quality Monitoring

How are reports disseminated?

Team meetings, Clinical Governance newsletters, Senior Leadership Team weekly meetings, Management Team Leaders meetings, word of mouth, Website, Audit Group, CQC, Quality and Governance Committee and Board of Trustee meetings.

Reports that are disseminated externally include Controlled Drugs, Infection Prevention and Control and Safeguarding Annual reports – shared with partners within ICP including Safeguarding Teams, Infection, Prevention and Control Team, commissioners and CQC.

What changes/improvements have been implemented in

Development Plans January 2023 – December 2023

- Statement of Purpose accepted by CQC.

<p>services over the past 12 months following audit?</p>	<ul style="list-style-type: none"> • Fit and Proper Persons documentation of all Trustees maintained and up to date. • Implementation of new Information Governance Management System April 2023, with first modules for reporting of incidents/accidents/near misses and complaints implemented and working well. There will be a phased approach to implementation of other modules including Risk Register, Policies and Audit over the coming 12 months. This system will enable a more streamlined approach to logging and managing processes/evidence within one place. • EoLC module delivered from the Hospice, in collaboration with the University of Bolton. • Ongoing collaboration with IT company who provide our electronic patient records software to enable intra-operability with the other IT systems within the locality and Greater Manchester. • Investment in our IT infrastructure to ensure security and development of our data systems across the organisation. • Active participation in the ongoing Bolton Locality Palliative and EoLC Strategy, in line with the Ambitions document. • Staff development/education including - one staff member successfully completed Trainee Nursing Associate (TNA) Course and is now undertaking additional 18 months training to become Registered General Nurse, 1 staff member currently undertaking TNA training, second cohort of supervisors and band 5 staff nurses undertaking leadership and Management Training level 2, • To implement the Integrated Palliative care Outcome Scale (IPOS), which is a patient completed assessment, used to measure symptoms and concerns, reported by patients for outpatients and Wellbeing Hub attendees. These measures help identify patients whose condition may be unstable or deteriorating to ensure appropriate decisions and changes to their care are made, including, if appropriate, referral or transfer to alternative care provider. • Education Team are delivering a bespoke education programme for health and social care staff, including care homes following a successful proposal for a one-off funding grant. • Ongoing development of staff at all levels. • Ongoing development of the Young Adults Transition to Adult Hospice Care project from Bolton Hospice. • Undertake the PLACE inspection in November 2023. • Increased numbers of GPST trainees and medical students undertaking placement at the Hospice.
<p>Are there any concerns about the training and experience of staff (for example any shortages/recruitment difficulties for certain grades/posts)?</p>	<p>There have been staffing challenges in the clinical workforce over the last 6 months, due to nursing vacancies and staff sickness, which is a national issue that has been exacerbated since the pandemic with the NHS having 46,000 vacancies alone in the UK and 14,000 vacancies in the North West NHS.</p>
<p>Do staff feel there is enough</p>	<p>Yes</p>

equipment or access to specialised equipment or facilities to enable them to care for the patients safely?	
Any other comments	None

PREMISES AND EQUIPMENT

Overview of the condition of the Hospice premises:

Decorative order

Safe and secure environment for patients

Facilities and access to the building and services for the disabled



These topics are now addressed through the independent PLACE Inspection process.

Health and safety and fire requirements in place

Corridors clear of storage and equipment



We have a Health and Safety Committee who address these issues.

ACTION TAKEN SINCE LAST PROVIDER VISIT – 31st January 2023

IPU			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
For immediate action – review & implement extra fire training for shift leaders.	This has been actioned by our Fire Training Staff & ongoing monitoring by Ward Manager so this is completed for this action plan. .	BM/HN	Completed
Improvement in the IT system and supporting hardware is desperately needed.	Work is ongoing to address the IT issues, a replacement program for hardware is underway, Internet connectivity is being reviewed and remedied as part of this work programme. New Server installed 12/12/23	HK/Finance/Senior Leadership Team	Completed
Wellbeing Hub			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
As previously recommended a podcast should be utilised to promote and advertise the services of the WBH.	FR & JW met to explore options for a WBH podcast including showcasing of work done by patients. Researched other hospice podcasts and agree a series would be a good idea to promote hospice services as a whole. Potentially led by education with support from marketing & guest speakers across hub/inpatient/H@H etc. FR to organise further meeting to discuss an progress this. Delayed due to pressures on fundraising team. "Work is ongoing to promote and market the WBH to generate referrals. Updates will continue to be provided at Q & G meeting by Service Lead/CND. Continue to work through WBH action plan, which is on track for addressing the recommendation.	JW/FR	Ongoing
Explore ways to increase the numbers of volunteers in the WBH and utilise their skills	JW and LH continue to actively recruit and train volunteers for the WBH as well as training existing volunteers, numbers have doubled and continue to grow with service need. We also have a list of cover volunteers. This active recruitment and training will be an ongoing activity but is completed for the purpose of this action plan.	LH/JW	Completed
Continued review and development of the day therapy as this service is still underutilised and not cost efficient.	Updates will continue to be provided at Q & G meeting by Service Lead/CND. Continue to work through WBH action plan, which is on track for addressing the recommendation. Data from 1 st October 22 – 30 th September 23 shows increase in the number of people accessing WBH as follows:102 formal referrals including self-referrals, there have been 1460 attendances including drop-in attendees, which is an 18% increase from the previous year. Also 2848 attendances for external clinics, including Clinical Psychology, Pain Consultant, Pulmonary Rehabilitation, Heart Failure, Christie Lymphoedema and Phlebotomy clinics twice weekly, which is fantastic. The carer pathway is on I-Care and is currently being piloted, with the plan	JW	Ongoing

	to implement on IPU and in H@H from November 2023.		
Encourage Trustees to shadow CSNs in the WBH.	Trustees are invited to attend the WBH should they wish to see how the services are developing first hand and some had attended the WBH to shadow staff. Completed for purpose of this action plan.	SLT	Completed
Continue to explore the development of the H@H service to increase access to the service	<p>The Senior Sister for this service has recently been able to join regular Band 7 DN team meetings to promote the service. This is an ongoing issue that is regularly discussed at DN senior management level as part of the regular meeting with the Hospice CEO/CND and Community Divisional director/Matrons and we continue to work on this with the Integrated Care Partnership.</p> <p>Away Day session undertaken with Community Matron representation to discuss issues with referrals and actions for both sides being taken forward.</p> <p>H@H Away Session done Jan 23 (delayed due to staff sickness).</p> <p>Operational policy draft completed, further progress delayed due to 1 staff member being on sick leave so resource is focusing on meeting the needs of patients under care of the service. 7th Nov –the appendices have been drafted and once agreed can be added to the policy then it can be ratified.</p>	JW/LT/JG	Paused
Explore ways to develop ICS in Bolton fits well with the work of the WBH and the hospice	<p>LV and JG continue to work with ICP to promote hospice services, GP federation presentation done by Education Lead and Young Adults Transition Project Lead.</p> <p>LV continues to represent the Hospice at Integrated Care Board level to promote hospice services and other voluntary sector services at Greater Manchester level.</p> <p>Dr Klimiuk has joined the locality Palliative and End Of Life Care Strategy Group.</p> <p>Networking continues to be done by CND, Young Adults Transition Project Lead and WBH & Education Service Leads at external meetings etc to increase activity and data for last 12 months shows this is increasing both for internal and external services within the WBH.</p>	LV/JG/JK	Ongoing
Consider advertising the café to local businesses	The café is not currently open to the public, only service users of the Hospice and hospice visitors. Once we have enough volunteers to manage the café and robust systems and processes in place, advertising to local businesses will be explored further. This is a larger project to be implemented once Hub shop and staffing improvements are made.	FR/AV	TBC

SUMMARY OF PROVIDER VISIT 2ND OCTOBER 2023

Conducted by Mike Worsley (MW) and Dr Helen Wall (HW) – Trustee

Introduction:

This report is based on views expressed by volunteers and staff. All views are based on the anonymous feedback. People were frank, honest and open. We offered our assurances that no one we interviewed would be identified.

Our questions incorporated our core Values, and around the CQC values of being: **Safe, Effective, Caring, Responsive and Well Led.**

The Wellbeing Hub:

We began in the Wellbeing Hub (WBH) where reception was open well before 09:00. It was initially very quiet as it was a Monday and the Hospice WBH service operates Tuesday to Friday, with external services also using our facilities throughout the week, as was the case when we visited. Out-patients were nonetheless coming and going from around 09:00 for planned treatment. When MW returned to WBH later in the morning, it was much busier. MW was pleased to see a couple being taken through the self-referral process as he passed through.

NO RECOMMENDED ACTIONS

Giles House:

We went to Giles House to briefly chat to the finance team, the eight people in attendance in the fund-raising team and our IT colleague. All seemed generally happy. The fund-raising team did reiterate their desire to get the “Gift Aid” process systematically in place in our retail outlets, a point we agreed with since it provides an important uplift in revenue.

RECOMMENDATIONS

To continue with the plan of systematically implementing “Gift Aid” in all our retail outlets.

IPU:

We wanted to spend more time on this visit with the clinical teams, given HW’s expertise in this area.

The inpatient unit had 9 patients with beds capped at 10 due to staffing challenges. The staffing included one Ward Sister and a Senior Staff Nurse on long days, as well as an additional Senior Staff Nurse on the late shift, one hospice Clinical Support Nurse and 2 agency clinical support staff who were all working long days. There was 1 patient requiring 1 – 1 nursing.

We spoke privately but openly with **three clinical staff** of various grades and experience, on condition of strict anonymity of course, for more than 75 minutes.

Staff comments

- “love the job”
- “rewarding”
- “it’s much better than working [in an NHS hospital]”
- “great to occasionally spend time with patients”
- “help families as well as patients”

However, in view of the recent staffing challenges due to recruitment and staff sickness the staff have felt under increased pressure more recently and their comments reflect this:

- “worst it’s been in the [n years] that I’ve been here”
- “dreading work”
- “exhausted”
- “crumbling beneath my feet”
- “no leadership”
- “not listened to”
- “lack of [pathway/training/progression opportunities]”
- “dread going on holiday because you just know you’re going to get called”

Trustees Comment

It seems that a large proportion of the discontent is relatively recent.

It’s exacerbated by the seemingly chronic lack of nurses. Ironically, it appears that our “call to arms” for additional funding, and the threat of cutbacks in the absence of such funding, has potentially discouraged the people we are looking to hire.

A perceived lack of leadership structure, and the guidance and planning incumbent in that, was raised. We got the feeling that they were operating on a day-to-day basis. More than one of staff we spoke to said they rarely communicated personally with the SLT.

SLT Response

- ❖ CEO undertook a number of brew & chat sessions with 20 members of nursing team working on the IPU during the week commencing 16th October.
- ❖ CEO listened to concerns and ideas for improvement as well as the positive comments expressed by team members.
- ❖ Held an IPU Workshop on the 16th November to progress actions in response to issues and ideas shared and have so far:
 - Appointed a New IPU Service Lead who will take over the role on 1st February 2024
 - Secured two RGN’s from Bolton NHS FT on a six month secondment arrangement
 - Agreed a better way to improve the decision and communication methodology for the system wide morning admissions meeting
 - Patient Liaison Nurse has completed Medicines Management Training so can be a second checker to facilitate staff breaks
 - Well-Being Hub Service Lead scheduled to complete Medicines Management Training to also assist staff being able to take breaks

- Cap on beds to gradually increase as new staff arrive to fill our vacancies and other staff return from sick leave
 - Mandatory Training catch up plans scheduled
 - Two team reflection sessions have been held
 - One team approach and maximum flexible use of whole team resources working well(including the medics)
 - Dr Jenny Short & Carolyn Wong are undertaking resilience-based supervision training
 - Appraisals almost all completed
- ❖ Next steps agreed:
- Review of IPU Nurse staffing structure and skill mix
 - Involve whole team in discussions on What/Why/How/When
 - Review Senior Leadership role & functions
 - Use of Vantage software to capture & feedback positive messages to IPU team
 - Re-invigorate our freedom to speak up guardian role

Recommendations

- We should use all means available to us to emphasise that any clinical hires would be coming to safeguarded roles. This is a matter of urgency because without additional nursing staff we'll never break out of the vicious circle we are in.
- It should be made clear to all staff who the "second in command" is in the absence, for whatever reason, of a senior team member. No one should ever be in doubt as to who they need to approach for decisions and plans to be made.
- We should review our career pathway/training/progression opportunities, ensure they are fit for purpose and also that they are both advertised and adhered to.

ACTION PLAN - PROVIDER VISIT – 2nd October 2023

KEY:

JG	Jenny Gallagher - Clinical Nurse Director
LV	Dr Leigh Vallance - Chief Executive
HK	Hitesh Kansara – Data and IT Administrator
BM	Bharti Macleod – Corporate Services Manager
SA	Sara Arriff – HR Manager
FR	Felicity Ransom - Marketing & Database Manager
JW	Jacqui White Wellbeing Hub Service Lead
HN	Helen Newberry In Patient Unit Ward Manager
SLT	Senior Leadership Team
LH	Lisa Honeywell
MD	Dr E. MCcann - Medical Director
AV	Adrian Vickers – Head of Retail
LT	Advanced Nurse Clinical Practitioner - Lisa Tate

IPU			
Recommendation (PIA)	Actions taken to remedy	Responsibility	Completion Date
<p>We should use all means available to us to emphasise that any clinical hires would be coming to safeguarded roles. This is a matter of urgency because without additional nursing staff we'll never break out of the vicious circle we are in.</p>	<p>April 2023 – 3rd October 2023 – we have received 83 applications, 31 of whom were shortlisted, 20 interviewed and 11 offers made, with 5 recruited and 4 pending as of 5th November 23</p> <p>Reasons for declining offers made include:</p> <ul style="list-style-type: none"> Night shifts Health issues Requests for deferment Didn't fit career goals Moved out of area Failed to complete pre-employment checks. <p>We have explored having a block contract for two Registered General Nurses via a recruitment agency but there were no suitable candidates, following interviews. Interviews are being held 6th & 7th November for Registered General Nurses, Nursing Associates and Clinical Support Nurses.</p> <p>We have linked in with Bolton NHS Foundation Trust since July 2023 to work on secondment opportunities at the Hospice and two RGN's started on 5 December 2023.</p> <p>We have also recruited 2 CSNs and a Nursing Associate (all newly recruited IPU staff) who started 11 December 2023.</p>	<p>CND/HN/LT</p>	

	<p>As at 19 December 2023, we have recruited two nurses, one on the bank and one on a permanent basis. Both are going through pre-employment checks and the permanent nurse will join us upon qualifying in April. We have also recruited 4 more CSNs to the bank which are all going through pre-employment checks at present.</p> <p>We currently have an advert out for Staff Nurse (Nights) which is closing on 29 December 2023.</p> <p>1 of our Clinical Support Nurses is currently undertaking her RGN training and will commence in post January 2024 (on completion of her training).</p> <p>We have also worked with staff who have been off sick to support their return to work, as appropriate and we continue to promote the support available for staff to access including free confidential counselling, our Employee assistance program and WHYSUP as well as the free NHS Mental Health Resources.</p>		
<p>It should be made clear to all staff who the “second in command” is in the absence, for whatever reason, of a senior team member. No one should ever be in doubt as to who they need to approach for decisions and plans to be made.</p>	<p>During the extended absence of the Clinical Nurse Director and Ward Manager our Advanced Nurse Clinical Practitioner (ANCP - Band 8a) took on Acting Deputy Clinical Nurse Director role and this was communicated to all staff. Our ANCP works Monday to Friday on-site and our Medical Director (who is a member of the SLT) works on site three days a week. There is an emergency contact list displayed in ward office which staff have utilized during recent issues. In addition, we have a second Consultant who is available Tuesday – Thursday.</p>		
<p>We should review our career pathway/ training/progression opportunities, ensure they are fit for purpose and also that they are both advertised and adhered to.</p>	<p>Work is ongoing to develop the clinical competencies, Band 2 & 3 completed. Training is underway for Band 2 staff to progress to Band 3, with three staff already completed this and three more staffing currently in training and this is being rolled out to all Band 2 staff if they wish to undertake this training. Staff Nurse and Senior Staff Nurse competencies completed and have been implemented.</p> <p>Work is ongoing to develop staff into Band 3, 4 and 5 as part of staff development. Leadership training has been provided along with some coaching and mentoring to develop all levels of staff, as posts become available we assess options for internal recruitment and this includes within education.</p>		
<p>Giles House: Fundraising and Income Generation</p>			
<p>Implementation of “Gift Aid” across all hospice outlets</p>	<p>To continue with the plan of systematically implementing “Gift Aid” in all our retail outlets.</p>		